Thunder Bay District Health Unit

999 Balmoral Street, Thunder Bay, ON P7B 6E7
(807) 625-5900 toll-free 1-888-294-6630
Fax 1-807-625-4828
Email: VaccineOrders@tbdhu.com

Health Care Provider Non-reusable Flu Vaccine Return Form

Please complete this form and return it with your non-reusable Flu vaccine to your local Health Unit

Name of Clinic/HCP:	**Address:**	**Phone #**
Date:		

Vaccine	**Product ID**	**No of doses returning**	**Return Code Reason for return**	**Lot number**
FLUZONE High-Dose Quadrivalent 0.7mL 5 PFS/box	657155100			
FLUZONE QUAD 0.5mL, 10 PFS/Box	657144200			
FLUZONE QUAD 5mL, 1 vial/box	657144000			
FLUAD 0.5mL, 10 PFS/box	657133520			
FLULAVAL TETRA 5mL vial, 1 vial/box	657144000			

*Return Codes

EX – Expired product OS – Over stocked CC – Cold Chain Incident